

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000011087**

1. Corporation Name

**IMPACT SECURITY PRODUCTS INC.**

2. Principal Office Address

**8415 SW 107 AVE**

Suite, Apt. #, etc.

**306W**

City & State

**MIAMI, FL**

Zip

**33173**

Country

**USA**

3. Mailing Office Address

**8415 SW 107 AVE**

Suite, Apt. #, etc.

**306W**

City & State

**MIAMI, FL**

Zip

**33173**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2-1-2000**

5. FEI Number

**65-0976347**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**LOU MAX RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**8415 SW 107 AVE.**

Suite, Apt. #, Etc.

**306W**

City

**MIAMI**

State  
**FL**

Zip Code

**33173**

**300009399563**  
**12/06/02--01053--010 \*\*308 75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**12-03-2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LOU MAX-RODRIGUEZ	8415 SW 107 AVE #306W	MIAMI, FL 33173
VP/D	MAX BARNES JR.	8415 SW 107 AVE.#306W	MIAMI, FL 33173
VP/D	KEITH BATEMAN	8415 SW 107 AVE#306W	MIAMI, FL 33173

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0431, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**LOU MAX RODRIGUEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-03-2002 305-776-8958**

Date

Daytime Phone #

*12/30*